

## CONFERENCE ABSTRACT

# **The Frailty Matters Project: Coproducing a coaching and educational intervention for integrated community teams alongside older people with lived experience of frailty.**

1st North American Conference on Integrated Care, Toronto, 4 - 7 October 2021

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### ***Introduction***

The number of older people living with frailty is increasing. Awareness of frailty is essential for health and care professionals, as are the skills required to identify and manage frailty. Using participatory action research a coaching and online teaching programme was developed aimed at enhancing the skillset of integrated community teams to manage frailty in primary care. For integrated teams to understand the impact of frailty on someone's life, we recruited older people with lived experience as co-coaches to co-design and help deliver the programme.

### ***Aims Objectives Theory or Methods***

The principle aim of the project was to enhance the skillset of community staff to manage frailty in a primary care setting. To this end, a co-designed, developed and delivered, person-centred coaching programme for key integrated community care staff was created. The programme aimed to strengthen their leadership role in managing frailty. The coaching programme was supported by an online educational resource delivered via a blogging platform. This looked at effective and personalized care and support for people living with frailty in the community. The online resource which was also co-created responded to the key staff's needs.

### ***Highlights or Results or Key Findings***

The experience shared by the co-coaches added a unique and innovative dimension to the interactive learning for participants. During this process a model was created to illustrate the key requirements of frailty

management education within integrated community teams. The co-produced model, called 'The Frailty House', is an educational framework that can be used to support integrated Teams in the care of people living with frailty in their communities. This has been accomplished even although the delivery and evaluation of the project were seriously disrupted by the COVID-19 pandemic. The

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model, currently called the 'House of Frailty' has been well received. Steps are being undertaken to both publicize the model and digitize it for use by other interested parties.

### ***Conclusions***

The programme offers a way to improve the skill set of community staff dealing with anyone living with frailty they encounter. The resulting 'House of Frailty' model provides an intuitive framework, relevant to current practice that can be easily adapted to suit the needs of other communities.

### ***Implications for applicability/transferability sustainability and limitations***

Involving people with lived experience from the beginning ensured their concerns were addressed and resulted in a truly co-produced model that could prove invaluable to many integrated community teams. The research was undertaken within one Health Board area in Scotland therefore the model needs tested more widely.